



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66-004998

DATE OF INSPECTION

06-03-2009

LOCATION OF INSTRUMENT (STREET AND CITY)

11109 Hickman Mills Dr (South Patrol Division)
Kansas City, MO

TIME OF INSPECTION

0203 hours

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .358 Passed

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Passed

☒ CHARACTER DISPLAY TEST Passed

☒ PRINT TEST (PRINTOUT ATTACHED) Passed

☒ TIME AND DATE Passed

☒ CALIBRATION CHECK-

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1

.096

TEST 2

.096

TEST 3

.097

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0 °C Passed

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) Passed

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS

1

0-04

0

.05-.09

.10-.14

1

.15-.19

0

Over .19

1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Tested and Certified within Mo Dept. of Health guidelines

Guth Laboratories, Lot 08400, 0.10 Solution, Exp. 12-08-09

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Brad Lynn

TYPE II PERMIT NUMBER/EXPIRATION DATE

720205 / 10-01-09

TELEPHONE NUMBER

(816) 482-8142



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1204** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-004998
E735.23
INVALID TEST
INHIBITED - RFI

06/03/2009

SN 66-004998
E735.23

06/03/2009
02:05

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#%&'()*+,-.:/:;<=>?[]^_`{|}~
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#%&'()*+,-.:/:;<=>?[]^_`{|}~

11109 HICKMAN MILLS DR : SPD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-004998
06/03/2009

TEST	%BAC	TIME
AIR BLANK	.000	02:22
CAL. CHECK	.096	02:22
AIR BLANK	.000	02:23
CAL. CHECK	.096	02:23
AIR BLANK	.000	02:24
CAL. CHECK	.097	02:24
AIR BLANK	.000	02:24

NO RFI PRESENT

11109 HICKMAN MILLS DR : SPD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-004998
06/03/2009

DIAGNOSTIC TEST 02:04

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT NAME

LOCATION OF TEST 11109 Hickman

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME

LOCATION OF TEST 11109 Hickman Mills

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

State of Missouri
DEPARTMENT OF HEALTH

P E R M I T
TYPE II



BRADLEY S. LYNN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/01/07

Number 720205

Expires 10/01/2009

MO 580-0771 (7-98)

John C. Pollock
Director of State Public Health Laboratory

[Signature]
Director, Department of Health

Lab. 4 (R7-88)